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DENTAL BULLETIN - NPI CLAIMS

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CLAIM FILING FOR ONE NPI TO MULTIPLE LEGACY PROVIDER IDENTIFIERS

If an organization provider or an individual provider associated with a business by the same name, is using one NPI for multiple legacy provider identifiers, use of Provider Taxonomy Codes on all transactions **will be required** to perform the proper crosswalk from the NPI to the legacy provider identifiers. Providers must report the appropriate designated Provider Taxonomy Codes on all future submissions (except for Pharmacy Point of Service (POS) claims – provider taxonomy not included on a POS drug claim) to ensure the correct crosswalk is performed. If a Provider Taxonomy Code other than the one(s) reported to MO HealthNet is utilized, claims cannot be cross walked to the correct legacy provider identifier and claims will deny or pay incorrectly.

For a complete list of the Provider Taxonomy Codes, please visit the Washington Publishing Company Web site at www.wpc-edi.com.

PAPER CLAIMS

Effective with claims submitted May 2, 2008 and after, the MO HealthNet Division will only accept the 2002, 2004 ADA Dental Claim Form. All paper dental claims submitted on or after May 2, 2008 in any version other than the ADA 2002, 2004 format will not be processed and will be returned to the provider.

PAPER CLAIM FILING INSTRUCTIONS

Effective with paper claims submitted May 2, 2008 and after, the fields identified below on the 2002, 2004 ADA Dental Claim Form are required for providers who meet the one NPI to multiple legacy provider identifiers as stated above. Field 35 is required if the billing provider meets the one NPI to multiple legacy provider identifier definition. Field 58 is required if the treating/performing provider meets the one NPI to multiple legacy provider identifier definition.

| Field | Description | Required Information |
|-------|-------------------|--|
| 35 | Remarks | Provide the billing provider taxonomy |
| 58 | Treating Provider | Provide the treating/performing provider |
| | Specialty | taxonomy |

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at http://dss.mo.gov/mhd/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline 573-751-2896